

SCOTTSDALE CARES PROPOSAL CHECKLIST FY 2009/2010

PROPOSAL DUE DATE: FRIDAY, NOVEMBER 21, 2008 5:00 P.M. MST

Before submitting your Proposal, please check the following:

- ☐ Have you answered every question?
- ☐ Have you signed the PROPOSAL (Page 1)?
- ☐ Have you submitted an **original** of the Proposal?
- ☐ Have you included **one** copy of the most recent audited financial statement and management letter? (note: the Independent Auditor's Report is not the same as a Management Letter)
- ☐ Have you indicated the amount of funding and assistance received from the City of Scottsdale in 2008/2009? This includes in-kind, office space, or any other funding sources from within the city. (Proposal, Question #8, page 2)
- ☐ Will the implementation of this activity require space, staffing, grants management, in-kind contributions or services from another agency, a school, the city or another jurisdiction? If so, have you attached the appropriate letters of commitment or memoranda of understanding? (Proposal, Questions #20a and #20b)
- ☐ Have you prepared a budget for the entire program identifying all anticipated resources and expenditures (TOTAL PROGRAM BUDGET SUMMARY)
- ☐ Have you included **all** Agency Documentation requested? (Agency Documentation Checklist)
- ☐ Have you sent an electronic copy of your proposal to hsgrants@scottsdaleaz.gov (Please do not include your agency documentation in the email.)
- ☐ Have you read the Eligible Activities & General Information sheet?

**CITY OF SCOTTSDALE
SCOTTSDALE CARES PROPOSAL FY 2009/10**

AGENCY & CONTACT INFORMATION

1. Agency Information

Agency Name:

Phone:

Fax:

Agency Mailing Address:

Executive Director

E-mail Address:

Web Site:

2. Person authorized to sign contract on behalf of Agency:

Name:

Title:

E-mail Address:

SIGNATURE: _____

3. Indicate the person to contact for additional information regarding this Proposal:

Name:

Title:

Phone:

E-mail Address:

4. Indicate the number of staff and volunteers for your agency and the program you are applying for:

	AGENCY	PROGRAM
Number of staff members:		
Number of volunteers:		

5. Major Funding Sources for the agency:

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6. Agency overview (describe the overall mission of your Agency):

7. Does the most recent auditor's letter to management identify findings or administrative concerns?

☐ Yes ☐ No

If yes, please provide a full explanation:

8. Funding and/or assistance received from any department of the City of Scottsdale in 2008/2009 (specify amount and program name):

CDBG:

HOME:

SCOTTSDALE CARES:

GENERAL FUNDS:

OFFICE SPACE (i.e. within Human Services facilities):

OTHER (please specify):

PROGRAM RELATED INFORMATION

9. Eligible Activity: (Check all that apply)

- ☐ Promotes the positive development of youth, adults, and/or seniors
- ☐ Strengthens the capability of families and the self-sufficiency of adults
- ☐ Assists Scottsdale residents of all ages to address crisis need

10. Describe the community problem your program will impact (include third party statistics and cite resources); identify any systemic barriers, unique characteristics, lack of similar services and/or special considerations your program overcomes/addresses. Document why your services are needed; why is your approach the most effective one to use with the intended beneficiaries?

11. Program Location and Overview

12. Describe the population of clients that will be served (Include age, gender, race disability, etc along with unique characteristics such as special needs, risk factors, barriers, etc. and the geographic location)

13. Identify program collaborative partners that enhance your program's ability to create community impact; include any innovative networking/leverage-producing partnerships. Describe how these collaborations enhance added value to program services. Be specific.

- 14a List a maximum of three Outcomes which are specific statements of the desired changes in the lives of the target population that you are serving. (i.e. Clients critical needs are met, Clients increase their self-sufficiency, Clients acquire the training and education to take the GED)

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- b. Include an Indicator for each Outcome listed in 14a above. (# or % of clients who receive emergency food and shelter, # or % of clients who increase their income, # or % of clients who obtain GED)

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- c. For each Indicator listed in 14b above, describe the data source and time frame in which data will be collected.

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15. If your program is not recommended for full funding, would you accept a lesser amount and a negotiated scope of work?

☐ Yes ☐ No

16. If your program is not recommended for Scottsdale Cares funding, would you accept funding from another source within the city (i.e. CDBG, General Funds or the Endowment Fund)?

☐ Yes ☐ No

17. If your activity is funded by the City of Scottsdale but not by other funders, will your agency be able to provide the service?

18. What contingency plans have been made for a shortfall in funding?

19. Will this program be accessible for people with disabilities? (If yes, what provisions have been made? If no, why not?)

☐ Yes ☐ No

20a. Will the implementation of this activity require space, staffing, grants management or in-kind contributions from another agency, a school, the city or another jurisdiction? (If yes, a letter of commitment from the partnering agency(ies) must be submitted with this proposal.)

☐ Yes ☐ No

20b. If the activity is to take place in a City of Scottsdale facility, does your agency have a Revocable License Agreement with that facility?

☐ Yes ☐ No

SCOPE OF WORK (Contract Exhibit A)

1. Agency Name:

2. Program Name:

3. Total Scottsdale Cares Requested for this program:

4. Total of all funds needed to operate this program:

5. The requested funding will pay for the following specific unit of service(s). Include the number of clients who will receive the service: *(Pick a unit of service that coincides with the service to be performed such as bed nights for homeless shelters, meals for congregate or home delivered meals, hours for legal assistance, etc. and make sure the unit of service relates to the expenses listed on the Program Budget (Contract Exhibit B)). Please contact Cindy Ensign at 480-312-2646 if you need assistance*

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6. Define how you will determine client eligibility and how you will determine if you are serving Scottsdale Residents? *If the service is provided to low or moderate income clients, explain how you will verify income.*

7. What is the timing of the program? *(For services, what are the hours of availability i.e. days of week, year round, or seasonal? For projects, what is the timeline for key milestones?)*

PROGRAM BUDGET (Contract Exhibit B)

TOTAL PROGRAM BUDGET SUMMARY

Funding Year: 7/01/09 - 6/30/10

Agency Name:

Program Name:

	Column (A)	Column (B)		Col. (A) + (B)
Revenues	City of Scottsdale	Other Sources	Committed - C or Tentative - T	Total
TOTAL PROGRAM REVENUES				
Expenditures				
Personnel Services:				
Salaries				
ERE				
Total Personnel Services				
Contracted Services:				
Professional Services				
Telephone				
Utilities				
Rent				
Insurance				
Travel/Mileage				
Other (specify)				
Other (specify)				
Other (specify)				
Total Contracted Services				
Supplies & Miscellaneous:				
Office Supplies				
Building Materials				
Printing/Duplication				
Other (specify)				
Other (specify)				
Total Supplies & Miscellaneous				
TOTAL PROGRAM EXPENSES				

Note: Total Program Revenues should equal Total Program Expenses. Please provide an explanation if there is a difference.

AGENCY DOCUMENTATION

The following documentation is required from all non-profit Agencies. Please label all attachments as "Agency Documentation # ____":

1. Board of Directors

Occupations and/or community affiliations
Criteria for board selection

2. Organizational Chart

3. Finance

Agency's current annual operating budget
Funding sources for the organization
Anticipated future funding sources (if different from above)
Most current audited financial statement and management letter
List of other funding sources to which this proposal has been submitted

4. Articles of Incorporation (if never funded or revised)

5. Certification of Good Standing for Arizona Corporation Commission

6. Copy of the original IRS determination letter indicating 501(c)3 tax exempt status (if never funded or revised)

7. Certification of Current Tax Exempt Status of Grantee Organization (See attached)

**CERTIFICATION OF TAX EXEMPT
STATUS OF GRANTEE ORGANIZATION**

I, an Officer/Director of

(Organization)

hereby certify that the organization has received a ruling from the Internal Revenue Service that it is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and that the organization is not a private foundation as defined in Section 509 (a) of the Internal Revenue Code.

I further certify that said exemption rulings from the Internal Revenue Service are still in effect and have not been revoked or amended.

Signature

Name (please print)

Title

Date